

ARE YOU CONCERNED ABOUT YOUR ASSIGNMENT?

THEN FILL THESE OUT... "PROTEST OF ASSIGNMENT"

This is not a refusal of an assignment

SEND A COPY TO...

- 1. Bill Nemacheck**
- 2. Carolyn Hietamaki** - surgical floor
- 3. Unit Rep.**
- 4. Make a copy for yourself**

This is a paper trail which can be used for the staffing committee, future contract, and also protects your license in a litigious event.



Documentation of Practice Situation for Michigan Nurses Association

Date _____ Time _____ Type of Unit _____ Core Staffing _____ Census _____

In accordance with the American Nurses Association Code for Nurses and my obligation as a patient advocate, I am objecting to my work assignment as: charge nurse staff nurse float nurse other _____

I have notified (name) _____ (management position) _____

that in my professional nursing judgement, I am unable to assure the delivery of safe or adequate nursing care because of the following conditions:

- Personnel assigned lack sufficient orientation [Self Other Assigned Staff]
- Inadequate staffing for existing patient acuity [Staffing meets guidelines Staffing less than guidelines]
 - Patient status change or added care needed
 - Patient admission
 - Patient transfer/discharge
 - RN working in unit not oriented not experienced
 - Lack of relief for breaks/lunch
 - Lack of auxiliary help housekeeping pharmacy clerical medical staff messengers maintenance/equipment
- Other _____

Staff Needed			Staff Present		
Usual Number of Staff on Duty _____			Actual Number of Staff on Duty _____		
Staff nurses _____	Pool in-house _____	Temps/Agency _____	Staff nurses _____	Pool in-house _____	Temps/Agency _____
Floats _____	Orientees _____	LPNs _____	Floats _____	Orientees _____	LPNs _____
Clerical _____	Aides/Orderlies/Attendants _____		Clerical _____	Aides/Orderlies/Attendants _____	
Other (title and number) _____			Other (title and number) _____		

My specific assignment. Indicate room/bed; patient classification; equipment in use, special procedures, support services, e.g., respiratory therapy for each patient. (Attach additional sheets if necessary.)

Outcomes of Inadequate Staffing

- Overtime: Mandatory Voluntary Scheduled
- Medication errors
- Medications passed late
- Patients requiring emotional support not given
- IV running late/dry
- Patient treatment/care not done/timely
- Patient teaching not being done
- Medications passed late
- Compromised safety/injury
- Inadequate assessment/observation/monitoring
- Incident report(s) filed
- Delayed/incomplete documentation
- Other _____

Attach additional information and/or comments.

I indicate my acceptance of the assignment despite objection. I will, despite objection, attempt to carry out the assignment to the best of my professional ability. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient or of my refusal to obey an order, if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to appropriate state and federal agencies.

Nurse's Signature _____ Nurse's Printed Name _____